

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034777

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 328

Primary Registration District No. 3073

Registrar's No. 27

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CHAFFEE		c. CITY OR TOWN ST. LOUIS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HIGHWAY 77		d. STREET ADDRESS (If outside, give location) 3863 ASHLAND	
3. NAME OF DECEASED (Type or print) First Middle Last WILLIE D. DAVIS		4. DATE OF DEATH Month 8 Day 17 Year 1963	
5. SEX MALE	6. COLOR OR RACE NEGRO	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/7/1937
9. AGE (last birthday) 26		10. IF UNDER 1 YEAR Months 2 Days 11	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PORTER		10b. KIND OF BUSINESS OR INDUSTRY NONE	
11. BIRTHPLACE (City and state or country) CRAWFORD		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME BENNIE DAVIS		13b. MOTHER'S MAIDEN NAME MARTHA HOPKINS	
14. NAME OF HUSBAND OR WIFE ARMELLA DAVIS		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO.		17. INFORMANT Address MARTHA WILLIAMS, 5882 PAGE	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HEAD INJURY - BROKEN LEFT JAW CRUSHED CHEST. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 0
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) TWO CAR COLLISION	
20c. TIME OF INJURY Hour 8:30 p.m. Month, Day, Year 8-17-63	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HIGHWAY 77		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION HAMILTON CHAFFEE	
21. I attended the deceased from Death occurred at		21. I attended the deceased from FIRST CALL REFER DEAD	
22a. SIGNATURE Lester Poe		22b. ADDRESS Kirkwood MO.	
22c. DATE SIGNED 8/20/63		22d. LOCATION (City, town, or county) KIRKWOOD MO.	
23a. BURIAL (Specify) REMOVAL	23b. DATE 8/24/1963	23c. NAME OF CEMETERY OR CREMATORY Father Dickson	
24. FUNERAL DIRECTOR WHITNEY FUNERAL HOME, 3882 DELMAR		25. DATE RECD. BY LOCAL REG. Aug. 24-63	
26. REGISTRAR'S SIGNATURE Mustard B. Basing			

(Licensed Embalmer's Statement on Reverse Side)

AUG 28 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Willie R. Davis

Licensed Embalmer No. 5739

P. O. Address Chasleston ind.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.